

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
10811164

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	/						
2	/						
3	/						
4	/						
5	/						
6	/						
7	/						
8	/						
9	/						
10	/						
11		2					
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13	/						
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19		1					
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38		8					
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41	/						
42	/						
43	/						
44	/						
45		3					
46		①					
47	/						
48	/						
49	/						
50	/						
TOTAL IND.	35						
TOTAL DEP.	25						
TOTAL CLAIMS	60						

	IND		DEP		CLAIMS
	IND	DEP	IND	DEP	
51	/				
52	/				
53	/				
54		6			
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99					
100					
TOTAL IND.	3				
TOTAL DEP.	6				
TOTAL CLAIMS	9				